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To: U. S. Dist Court / Att: Pro Se Clerk

Fax: 617-748-9096

Phone: 617-748-9152

From: Selena Jackson VS 05CV11559 Vespa Gibbs Barnes

Fax: _____

Phone: ~~617-748-9152~~ _____

Regarding: _____

Case 1:05-cv-11559-RW Document 6 Filed 08/18/2005 Page 2 of 10

Re: USD-Court 05 CR 11559

Mutual of Omaha Insurance Company
United of Omaha Life Insurance Company

**Mutual of Omaha**

Selena Jackson
57 Westmore Rd
Mattapan, MA 02126

AL YOUNG

2 Adams Place Suite 310
Quincy, MA 02169
(800) 870-6900
(781) 356-2727

Notice of Mortgage Protection Program

Please make available to me information about your mortgage protection program: Life insurance to help pay my/our mortgage and other expenses in the event of the untimely death of myself or my spouse, and disability income insurance to help continue my mortgage payments in the event I suddenly become disabled due to a covered accident or illness.

SIMPLY FILL OUT AND MAIL IN THIS FORM. THERE IS NO COST OR OBLIGATION FOR THIS INFORMATION.

(Note: Neither United of Omaha, nor Mutual of Omaha is affiliated with your current lending institution)

Information regarding your current mortgage was obtained from the public real estate records.

Mortgage amount/Home value: \$ 355,000

My Date of Birth: _____/_____/_____

Spouse's Name: _____

Spouse's Date of Birth: / /

Home Phone: () _____

Work Phone: () _____

Ask for:

E-mail address: _____

Thank you for your time. I look forward to hearing from you in the near future.

Life insurance underwritten by United of Omaha Life Insurance Company. Disability income policy/certificate D77 (in ID D77-20108, in OR CD77-20156 and DM26) or state equivalent are underwritten by Mutual of Omaha Insurance Company. This is used as a source of leads in the solicitation of insurance and a professional licensed resident insurance agent will contact you.

FROM _____

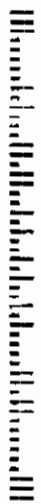


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Important Notice

from Mortgage Protection Svcs.

Complete and Return

Lender:

David Rosengard

To Borrower:

Re: SS03CV000595
SS:05CV-11559
4 Fraudulent Mortgage Scheme-03CV000595
Criminal

Registration#: P31277A94N



Mr. & Mrs. Gibbs Barnes & Selena Vesper

57 Westmore Rd

Mattapan, MA 02126-1558

0015

Dear Mr. & Mrs. Vesper,

You are entitled to participate in an affordable Mortgage Protection Program which can protect your \$355,000.00 Loan in case of an unexpected tragedy. **► Your family would still have to make your monthly mortgage payments without this type of plan from Mortgage Protection Svcs. SEE BELOW - Plans can include a choice of Life and/or Disability benefits**

Mr. & Mrs. Vesper, your benefits can include:

- **Death** - Pays off your \$355,000.00 loan in the event of your death from Accidental or Natural Causes
- **Disability** - Pays your Mortgage Loan payments if you become sick or injured & cannot work
- **Unemployment** - Makes your premiums in case of job loss* (Available in most states)
- **Return of premiums** - Returns your premiums if the benefits are not used by the end of the mortgage term
- **Knowing the Vesper family will not lose their home no matter what the tragedy**

For complete details at no cost or obligation please complete and return this form in the enclosed postage paid envelope.

Borrower**Spouse/Co-borrower**

DATE OF BIRTH

SEX

HEIGHT

WEIGHT

SMOKER?

____/____/____
 Male ☐ Female ☐

____ ft. ____ in.

____ lbs.

Yes ☐ No ☐

____/____/____
 Male ☐ Female ☐

____ ft. ____ in.

____ lbs.

Yes ☐ No ☐**Have you ever had:**

High Blood Pressure/High Cholesterol?

Yes ☐ No ☐

Heart Attack, Stroke or Cancer?

Yes ☐ No ☐

Diabetes?

Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐Yes ☐ No ☐

Occupation: _____

Occupation: _____

Phone #: (____) _____

Work # (____) _____

Best time to call: _____

Home ☐Work ☐

*Your first Name: _____

Cellular # (Optional): _____

(Suffolk)-64



7/29/05

4320

David Rosengard - \$355,000.00 - Gibbs Barnes & Selena Vesper - 57 Westmore Rd Mattapan MA 02126-1558

AVAILABLE RATES ARE EXTREMELY AFFORDABLE

*Available in most states. Information provided by Mortgage Protection Svcs. **Not affiliated with any lending institution. Mortgage information obtained only through public record.** Benefits & carriers will vary for coverages and are subject to underwriting approval, product limitations and availability.



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PO BOX 619056
ROSEVILLE CA 95661-9978



Important Notice to Gibbs&Selena Vesper

Complete and Return

Reference Loan With

"Fraudulent Mortgage Scheme" 03CV00575

Re: 05CR11559

Lot: 57	Block: 8
Date: 7/29/05	

*****AUTO**3-DIGIT 021

Lender: David Rosengard 18
 Borrower: Gibbs&Selena Vesper
 57 Westmore Rd
 Mattapan MA 02126-1558
 |||||

Selena Jackson vs Vespa Gibbs & Co.

Dear Gibbs&Selena,

You are invited to participate in Affiliated Mortgage's low cost Mortgage Life Insurance Protection Program which can protect your \$355000.00 loan in case of an unexpected tragedy. Without this plan, your family would still have to make your monthly payments.

Dear Gibbs&Selena : your benefits can include:

- **DEATH** – Pays off your \$355000.00 loan in the event of your death.
- **DISABILITY** – Provides cash to make your mortgage payment if you cannot work.
- **UNEMPLOYMENT** – Pays your policy premium for up to six months.
- **CRITICAL ILLNESS** – Can pay a portion of your death benefit if you're diagnosed with a covered critical illness.
- **LEVEL PREMIUM** – Cost do not increase.
- **MONEY BACK OPTION** – Returns all of your premiums if benefits are not used.
- **KNOWING THE VESPER FAMILY WILL NOT LOSE THEIR HOME.**

For complete details at no cost or obligation please complete and return this form in the enclosed postage paid envelope.

Gibbs&Selena Vesper 57 Westmore Rd Mattapan MA 02126

Loan Amount:

Lender : David Rosengard

\$355000.00

Borrower**Spouse/Co-borrower**

Date of Birth

Sex

Height

Weight

Smoker?

Male ☐Female ☐

ft.

in.

lbs.

Yes ☐No ☐Male ☐Female ☐

ft.

in.

lbs.

Yes ☐No ☐**Have you ever had:**

1. High Blood Pressure/High Cholesterol?

Yes ☐No ☐Yes ☐No ☐

2. Heart Attack, Stroke or Cancer?

Yes ☐No ☐Yes ☐No ☐

3. Diabetes?

Yes ☐No ☐Yes ☐No ☐

4. Smoked cigarettes in the past 12 months?

Yes ☐No ☐Yes ☐No ☐

Occupation:

Phone # ()

Work # ()

Best time to call:

Home ☐Work ☐

First Name of the person completing this form:

7/29/05

Carriers to obtain coverage will vary and are not underwritten or affiliated with the lender. Products and rider availability varies from state to state. Plans include Term, Universal Life and Disability Income. Information obtained only thru public record by Affiliated Mortgage Protection P.O. Box 1034 Rahway, N.J. Copyright 2001 Thomas Liscio MA License# 1757625

Re: SS: 03CV00595 South Superior Housing Ct
 Boston South Financial Group
 An office of MetLife
 25 Recreation Park Drive
 Hingham, MA 02043
 781-740-6448

TO: USD-Court # 05CV00595
 1105-CR-11559

Re: 05CV-11559 / 05CR11559

"Criminal
Fraudulent Mortgage Scheme - 05CV00595
 05CR11559

Gibbs Vesper
 Selena Jackson
 57 Westmore Rd
 Mattapan, MA 02126-1558

Dear Gibbs & Selena:

MetLife has an affordable life insurance policy that can provide a generally income tax-free payment to help pay off your mortgage in the event of the mortgage holder's death.

In addition to the death benefit, there are also living benefits to this insurance policy. It can be used to help with a child's college funding, it can supplement your retirement income, it can enable an early payoff of your mortgage, and it provides tax-deferral.

For an insurance quote within 24 hours, please call me at 781-740-6448. If you would prefer, please fill out the bottom of this form and mail it back to me at the address above or fax it to 781-740-4448.

In addition to mortgage protection, I can help you with retirement planning and the preservation of your estate. I will try to contact you by phone. To ensure contact, please fill out the bottom and forward in envelope provided.

Sincerely,

John

John T. Murray
 Agency Director

 Gibbs Vesper & Selena Jackson
 57 Westmore Rd
 Mattapan, MA 02126-1558
 (Please edit if necessary)

Gibbs Vesper
 Date of Birth _____
 Smoker _____ Non-Smoker _____

Selena Jackson
 Date of Birth _____
 Smoker _____ Non-Smoker _____

Mortgage Amount - \$355000
 Mortgage Company - David Rosengard

Duration of Note - _____

Please call me at - (_____) _____

Best time to call - _____ AM or PM

____ Yes, I would like a free, no-obligation consultation to review my existing protection programs and investments.

R 0530 BSPG L53 514-1

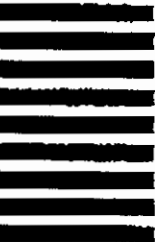
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